

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		48	7/23/01
<b>FORMALITY REVIEW</b>	CV	503	08-27-01
<b>RESPONSE FORMALITY REVIEW</b>	CH	G76	10/03/01

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)...	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date			
Final	Original	9	10	11
1		N		
2				
3				
4	✓			
5	0			
6	✓			
7				
8				
9				
10				
11		N		
12				
13				
14		N		
15				
16				
17				
18	0			
19	0	N		
20	✓	✓		
21				
22				
23				
24				
25	✓			
26	0			
27	M			
28				
29	✓	✓		
30	0			
31	+	✓		
32				
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40				
41		+		
42	+			
43				
44				
45				
46				
47				
48	+			
49				
50	S	+	✓	

Claim	Date			
Final	Original	12	13	14
51	✓			
52				
53				
54				
55		✓		
56				
57		N		
58				
59				
60		N		
61				
62				
63				
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Claim	Date			
Final	Original			
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If more than 150 claims or 10 actions  
staple additional sheet here

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**BEST AVAILABLE COPY**

3C81  
08/27/01